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CONFIRMATION NO. 9680

<b>SERIAL NUMBER</b> 10/770,380	<b>FILING OR 371(c) DATE</b> 02/02/2004 <b>RULE</b>	<b>CLASS</b> 548	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> DM-6999(BMS-2594)
<b>APPLICANTS</b> Milind Rajopadhye, Westford, MA; Thomas D. Harris, Salem, NH; Edward H. Cheesman, Lunenburg, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/466,588 12/17/1999 PAT 6,794,518 which claims benefit of 60/112,829 12/18/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/01/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>mm</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23914				
<b>TITLE</b> Vitronectin receptor antagonist pharmaceuticals				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	